

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL**

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| SUBJECT: Seat Lift Chair | Protocol #: PA P213.03 Protocol Pages: 1 Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Initial Effective Date: June 1999 Latest Review Date: May 2002 |
| APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input checked="" type="checkbox"/> | |
| MIHS HEALTH PLANS APPROVALS: Director, Medical Management: _____ Date: _____ Medical Director: _____ Date: _____ | |

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Seat Lift Chair.

PROTOCOL:

- A. The prior-authorization specialist may approve **with prior authorization nurse review** and if the following are present:
1. The patient has a medical condition that prevents a patient from getting up from a chair, such as severe arthritis of the hip or knee or severe neuromuscular disease (such as muscular dystrophy, amyotrophic lateral sclerosis, multiple sclerosis, polymyositis, *etc.*);
 2. The ordering physician's clinical notes must document that all appropriate therapeutic modalities (*i.e.* medication, physical therapy, *etc.*) have failed to alleviate the need for a seat-lift;
 3. The seat lift mechanism must be a part of the physician's course of treatment and be prescribed to attain functional improvement or retard functional deterioration in the patient's condition and prevent chair or bed confinement **and**
 4. The requested seat lift mechanism must operate smoothly, can be controlled by the patient, and effectively assist a patient in standing up and sitting down without other assistance. Seat lift devices that are spring-release operated, or that operate in such a manner so as to cause the patient to be catapulted or jolted into a standing position are **NOT** covered.

Note: Only the seat-lift mechanism is a covered benefit. The patient must purchase the chair itself, even if the seat-lift mechanism is part of the chair. Chairs should be purchased from the DME contractor; installation is included in the cost.

- B. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.
- C. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.
- D. If requirements are not met, Medical Director review is required.